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To: Examiner Mendoza, AU 3731

From: Mary B. Tung, #50,007

FAX

Number: 571-273-8300

Sender's

Phone #: 410-451-2707

Sender's

Date: November 25, 2005

FAX #: 410-451-2706

Re: SN: 09/834,208 After Final Reply

Pages: 19, including coversheet

Comments:

The following correspondence is being submitted for appropriate action by the U.S. Patent and Trademark Office via facsimile transmission:

Fax Coversheet,
Fee Transmittal,
Credit Card Form PTO 2038,
Cover letter,
Notice of Appeal,
Pre-Appeal Brief Request for Review,
Letter for Notice of Appeal (2 pages),
Attachment to the Pre-Appeal Brief Request for Review (5 pages), and
After Final Request for Reconsideration (7 Pages).

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PTO/SB/17 (12-04v2) Œ

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THURST THE PARKET	WORK REGULATION ACT OF				-	Complete	o if Know	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005			Applicati	Application Number 09/834,208			<u> </u>	
			Filing Da					
					April 13, 2001			
			Examine	ned Inventor G. Thomas Wolf				
✓ Applicant claims small entity status. See 37 CFR 1.27				rivame	IN HIGHOLD			
TOTAL AMOUN	IT OF PAYMENT	(\$)	85	Art Unit	D 1 111	3761		
TOTAL AMOUN	TOP PATIMENT	(Ψ)	65	Attorney	Docket No.	0022.010	0001	
METHOD OF	PAYMENT (chec	k all that a	pply)					
Check V	Credit Card	Money	Order No	one 🔲 O	ther (please id	entify):		
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WARNING: Inform	Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCUL	ATION							
1. BASIC FILI	NG, SEARCH, A FILI	ND EXAM NG FEES		RCH FEES	EXAI	MINATIO		
Application	Type Fee (Small E S) Fee (Small E \$) Fee (\$			Entity e (\$)	Fees Paid (\$)
Utility	300		500		20			
Design	200		100		13		55	
Plant	200		300		16	-	30	
Reissue	300		500		60		_	
Provisional	200		0		==	0	0	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee (\$) Fee (\$) Fee (\$) Multiple Dependent Claims Multiple Dependent Claims HP = highest number of total claims paid for, if greater than 20.								
Indep, Claims	extra 0	Claims X	<u>Fee (\$) </u>	e Paid (\$)				
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof 100 =								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)								
Other (e.g., late filing surcharge): Reinstatement of Notice of Appeal (minus \$165 previously paid) \$250.00								
SUBMITTED BY								
Signature	mary Bo	Tun		Registratio	n No. ent) 50,007		Telephone	410-451-2707

SUBMITTED BY			
Signature	man Bour	Registration No. (Attorney/Agent) 50,007	Telephone 410-451-2707
Name (Print/Type	Mary B Tung, Ph.D.		Date November 25, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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November 25, 2005 **VIA FACSIMILE**

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Re:

U.S. Patent Application

Appl. No.

09/834,208; Filed: April 13, 2001

For: Inventor:

Oxygen Mask G. Thomas Wolf

Our Ref:

0022-010001

Sir:

The following correspondence is being submitted for appropriate action by the U.S. Patent and Trademark Office via facsimile transmission:

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It is respectfully requested that the following response be entered and considered by the Examiner.

Respectfully submitted,

Agent for Applicant

Registration No. 50,007